

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

2003 APR -3 AM 8:36

| | | | | | |
|--|----------|---|--------|--|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | | 2 Total pages filed: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 305 SO. NUECES SAN ANTONIO TEXAS 78207 (210) 271-0519 | | Date Received <input checked="" type="checkbox"/> | |
| 5 CAMPAIGN TREASURER NAME | | TITLE FIRST MI NICKNAME LAST SUFFIX JILL SANCHEZ | | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5106 SENISA SPRINGS SAN ANTONIO TEXAS 78251 | | Receipt # Amount | |
| 7 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (210) 364-7376 | | Date Processed | |
| 8 REPORT TYPE | | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | |
| 9 PERIOD COVERED | | Month Day Year 3 / 19 / 2003 THROUGH 4 / 3 / 2003 | | | |
| 10 ELECTION | | ELECTION DATE Month Day Year 5 / 3 / 2003 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 11 OFFICE | | OFFICE HELD (if any) OFFICE SOUGHT (if known) SAISD TRUSTEE DIST 5 SAN ANTONIO CITY COUNCIL DIST 5 | | | |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | |

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

THOMAS C. LOPEZ

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7350.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 400.00

4. TOTAL POLITICAL EXPENDITURES

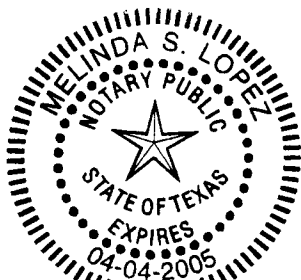
\$ 3078.43

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Thomas C. Lopez, this the 3rd day of April, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

[Signature]
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR -3 AM 8:36

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

3/21/03

LARRY ROMO

6 Contributor address; City; State; Zip Code

2906 WOOD KNOLL
SAN ANTONIO TEXAS 78251

100 -

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/20/03

LEXIN LOPEZ

Contributor address; City; State; Zip Code

835 W. WOODLAWN
SAN ANTONIO TEXAS 78212

3500 -

DATA

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

3/22/03

REYNOLDO ESQUIVEL

Contributor address; City; State; Zip Code

1021 SAN CARLOS
SAN ANTONIO TEXAS 78207

2500 -

OFFICE
SPACE

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 APR -3 AM 8:36

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

THOMAS C. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/21/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

THOMAS C. LOPEZ

6 Contributor address; City; State; Zip Code

305 S. NUECES

SAN ANTONIO TEXAS 78207

7 Amount of
contribution (\$)

500 -

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/27/03

Full name of contributor

☐ out-of-state PAC (ID#)

RODRIC E. FITZGERALD

Contributor address; City; State; Zip Code

223 UPLAND

SAN ANTONIO TX 78220

Amount of
contribution (\$)

500 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/27/03

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID STALL

Contributor address; City; State; Zip Code

2161 NW MILITARY HWY STE 111

SAN ANTONIO TEXAS 78213

Amount of
contribution (\$)

500 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/27/03

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERTO P. GONZALEZ

Contributor address; City; State; Zip Code

1747 PAWN STATE

SAN ANTONIO TEXAS 78248

Amount of
contribution (\$)

500 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/27/03

Full name of contributor

☐ out-of-state PAC (ID#)

THOMAS C. LOPEZ

Contributor address; City; State; Zip Code

305 S. NUECES

SAN ANTONIO TEXAS 78207

Amount of
contribution (\$)

1500 -

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR -3 AM 8:36

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

THOMAS C LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

28 MAR 03

CRUMRINE PRINTERS

978.43

6 Payee address; City; State; Zip Code

2030 E. HOUSTON
SAN ANTONIO TEXAS 78202

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN LITERATURE

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

28 MAR 03

ABSOLUTE SIGNS

600.00

Payee address; City; State; Zip Code

HUMPHREY DRIVE
AUSTIN, TEXAS 78729

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

27 MAR 03

IDEAS UNLIMITED

1500 -

Payee address; City; State; Zip Code

2516 BANDERA ROAD
SAN ANTONIO TEXAS 78238

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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CITY CLERK
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

THOMAS C. LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/27/03

5 Payee name

IDEAS UNLIMITED

6 Payee address; City; State; Zip Code

HUMPHREY ROAD
AUSTIN, TEXAS 78729

8 Amount (\$)

1500-

7 Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN SIGNS PAID BY THOMAS C. LOPEZ

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

2003 APR -3 AM 8:36

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:**2** FILER NAME

THOMAS C LOPEZ

3 ACCOUNT # (Ethics Commission files)

| 4 Date | 5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit | 8 Amount (\$) |
|--------|--|------------------|
| | | Ø |
| Date | Payor name Payor address; City; State; Zip Code Reason for credit | Amount (\$) Ø |
| Date | Payor name Payor address; City; State; Zip Code Reason for credit | Amount (\$) Ø |
| Date | Payor name Payor address; City; State; Zip Code Reason for credit | Amount (\$) Ø |
| Date | Payor name Payor address; City; State; Zip Code Reason for credit | Amount (\$) Ø |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

